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EDITORIALS†

CALIFORNIA COUNTY HOSPITAL BUREAU-CRACY! WHICH WAY LEADING?—STATE MEDICINE, THROUGH A BACK-DOOR ENTRANCE?

Kern County Hospital Controversy Revived. Several years ago, in connection with the administration of Kern County's hospital, some important issues arose, when a group of citizens contended that the Board of Supervisors was using county funds to provide hospital care, not only for the indigent sick, but also, and illegally, for persons themselves well able to pay for hospitalization in private institutions, or having relatives legally liable for their support. The case came to trial in the Superior Court of Kern County, where Judge K. Van Zante handed down, on December 4, 1933, his opinion. An appeal from Judge Van Zante's decision was taken by a group of taxpayers of that county (Civil case No. 1761), and on January 30, 1936, the Fourth Appellate District Court of California rendered its ruling on the prior decision of the lower Superior Court.

For careful perusal by members of the California Medical Association, this opinion of the Appellate Court, as given by Justices Marks, Barnard and Jennings, is printed in full, under the caption Exhibit D, on page 106, in this issue; because that decision, since it was handed down two years ago, has been set forth in several California counties as an excuse and a right, presumably legal, to inaugurate what are little less than radical departures from former procedures having to do with the admission of patients into county hospitals, these innovations amounting practically to a form of state medicine, or perhaps something worse.

* * *

The Los Angeles County Hospital as a Major Offender.—Our comments, in this issue of the OFFICIAL JOURNAL, on what is taking place in some of our county hospitals, will be largely confined to some startling and little less than outrageous procedures which have been inaugurated in the Los Angeles County General Hospital during the last six months, or since about July 1, 1937, the beginning of the present county fiscal year.

† Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

The Los Angeles County General Hospital: Its Organization.—First, a few words about the Los Angeles County General Hospital, a public institution which the County of Los Angeles, as a constituent unit of the State of California, in accordance with provisions in the constitution of the State designed to conserve the health and lives of indigent citizens, maintains under supervision of a board of five supervisors elected from the five geographical supervisorial districts.

The Los Angeles County *General Hospital*, under the general jurisdiction of the County's Department of Charities, has two divisions: the "Los Angeles County Hospital," a unit with an attending staff of 508 physicians and surgeons licensed under the Medical Practice Act of California, and the "Los Angeles County Osteopathic Hospital," staffed by licentiates of the California Board of Osteopathic Examiners. The two divisions are quite independent, one from the other, but what is stated below concerning bills rendered to patients applies not only equally to the two divisions, but also to the large county tuberculosis hospital known as Olive View Sanatorium, an institution having about 1,000 in-patients; the county also providing hospitalization for about 1,000 additional patients housed in some twenty tuberculosis rest homes, and likewise giving tuberculosis relief for an additional 2,000 patients who are hospitalized in their own homes.

What the capital investment of the Los Angeles County General Hospital, located on Mission Road and State Street, as represented by its acreage and buildings, amounts to, we do not know, but it may be of interest to note that the new acute unit of the Los Angeles County Hospital, opened several years ago, was erected and equipped at a cost of some seventeen millions of dollars. These figures may have a bearing on some of the new hospitalization charges made by the Department of Charities and County Hospital authorities, brought into being, it has been stated, because of interpretations of the Appellate Court opinion in the Kern County Hospital case.*

* * *

Los Angeles County Hospital Admits More Than 50,000 Patients Yearly.—In the Los Angeles County Hospital (medical division of the

Los Angeles County General Hospital), during the fiscal year July 1, 1935-July 1, 1936, a total of 57,100 patients were enrolled as in-patients; and during the next fiscal year, 1936-1937, a total of 56,774 in-patients received care. The average number of patient days was 14.6 in 1935-1936, and 14.7 in 1936-1937.

At this moment, we do not have at hand the total number of hospitalized patients admitted there in previous years, nor are the figures available for patients registered in the tuberculosis division (Olive View and adjuncts), or those on the infirmary rolls of Rancho Los Amigos (the County Farm). For our purpose, in order to point out the deplorable system recently instituted, the massive total of 56,774 in-patients for the last fiscal year will suffice, since an approximately similar registration may be expected to obtain for the current fiscal year.

* * *

What Is Wrong in the New Admission System of the Los Angeles County Hospital?—Now, what are the particular procedures to which objection and complaint are made, and why?

1. Since July 1, 1937, every patient (whether socially serviced and registered, and acknowledged as a 100 per cent "indigent," or a "medically indigent person" (part indigent?), or a "non-indigent" in law (this last citizen, presumably a person who himself, or, through legally-liable relatives, possesses means sufficient for his support, in health and in illness), has been receiving a statement from the County of Los Angeles—sent out through its Bureau of Accounts and Collections of the County Department of Charities—for hospitalization costs, to cover periods of care in the Los Angeles County Hospital. In addition to such bill-bombarding, efforts are made, we have been told, to induce every patient so admitted to sign over in favor of the said County of Los Angeles liens on insurance policies or equities in real estate or other possessions, real or personal, at present held by the patients, or in the future to be acquired, and thus permit the county, presumably sometime in the future, to attempt collection in case such payment for hospitalization charges is not immediately forthcoming!

2. But even that is not all. The hospitalization charges, so made (only a few of which instances have been called to our personal attention, so that, to date, we believe no attempt has been made to contact the hundreds of former patients who have received statements for hospitalization care since July 1, 1937), in some instances must be classed as little less than stupid and outrageous! Stupid, because it is almost impossible to understand how hospital administrators of any experience, and especially those who should be familiar with the almost constant and equal assessments of the private hospitals of Los Angeles, could have been guilty of aiding in the computation of fee schedules such as have been promulgated; and outrageous, because to even well-to-do citizens in private hospitals some of these charges would be

* Editorial articles on the Los Angeles County Hospital which have appeared in previous issues of CALIFORNIA AND WESTERN MEDICINE, include the following:

Does Los Angeles County Hospital Extension Into Private Hospitals Constitute a Menace to Medical Practice? (Editorial) Volume 32, No. 2, February, 1930, page 117.

Construction and Maintenance Costs of New Unit of Los Angeles County General Hospital—What of Ultimate Results? (Editorial) Volume 32, No. 3, March, 1930, page 192.

Los Angeles County Hospital Charges Against Its Superintendent. (Editorial) Volume 34, No. 5, May, 1931, page 376.

Los Angeles County General Hospital Hearing. (Editorial) Volume 34, No. 6, June, 1931, page 421.

Osteopathic Unit of Los Angeles County General Hospital—No Longer Under the Medical Superintendent. (Editorial) Volume 35, No. 2, August, 1931, page 133.

Acute Unit of Los Angeles County Hospital: Finally in Partial Operation. (Editorial) Volume 40, No. 1, January, 1934, page 58.

The Los Angeles County Hospital. (Editorial) Volume 40, No. 6, June, 1934, page 427.

Change in Admission Requirements at the Los Angeles County General Hospital. (Editorial) Volume 41, No. 6, December, 1934, page 413.

County Hospitals Should Print Annual Reports. (Editorial) Volume 42, No. 1, January, 1935, page 40.

appalling! When such charges and demands are rendered to indigent or near-indigent citizens, afflicted not only with poverty, but, shall we say, often also with ignorance or lack of education, and, so, incompetent to understand the implied demands for money, in letters filled with legal phraseology, it is not to be wondered at if fear and worry are produced among those very unfortunates who should be free from such assault.

* * *

Detailed Information Appears on Page 97.—

On other pages in this issue will be found some exhibits that shed light on what has been here stated, and members of the California Medical Association are advised to inform themselves of what is going on before their very eyes, as well as to ask if that which is being done is not a form of state medicine or worse, instituted, perhaps, without proper warrant of law? Also, whether, if continued, it must not lead to dire effects, not only upon medical practice, but upon the moral and ethical standards of the very county where such a policy of caring for California's sick indigents was inaugurated?

* * *

One Example of the Atrocious Charges for Hospitalization Care.—Space does not permit extended comment here, but one example can be cited briefly to show the preposterous and unjust nature of these charges made by the County of Los Angeles to its indigent sick; a fuller itemized statement being given on page 105, under Exhibit C.

A cesarean section having been necessary for this particular patient, charge for the use of the Los Angeles County Hospital operating room and its nursing personnel alone (the attending staff obstetricians donate their services to the county, as an expression of altruistic service to the indigent sick) was as follows:

<i>Date</i>	<i>Description</i>	<i>Charges</i>
October 5, 1937	Operative—Cesarean Section	\$136.80
October 9, 1937	Operative—Blood Transfusion (450 cc.)	22.50

The total bill for that particular patient and new-born child for twelve days' hospitalization (that is, for food, board and nursing, because the county has no legal right to charge for professional services rendered gratuitously by the attending physicians and surgeons) was \$215.41!

It may be of interest to state that the attending obstetrician for the above patient, about the same time, had a patient in the Cedars of Lebanon Hospital of Los Angeles, for whom also a cesarean section was necessary; where the operating room-personnel charge was \$12.50! Contrast now this latter operating room charge (which would be about the same in every other accredited private hospital in Los Angeles) with the charge of \$136.80 by the Los Angeles County Hospital, and let each physician ask himself what kind of language comes to his mind, as he would express his opinion thereon?

Attending Staff of the Hospital, Whose Members Give Gratuitous Service, Should Ask Themselves Some Questions.—As has been said, the Los Angeles County Hospital has an attending staff of 508 physicians, surgeons and specialists, practically all members of the Los Angeles County Medical Association, who give their professional services gratuitously in care of the indigent sick. Each of these attending medical men may well ask himself a number of very pertinent questions in connection with what has been stated above and elsewhere in this issue of the OFFICIAL JOURNAL. And especially so, since the annual money value of their professional services in caring for some 56,774 patients (medical and surgical care, and operations) has been estimated to be in excess of two million dollars! By contrast, the entire city of Los Angeles, a community of more than one million persons, swells with pride, and for days covers itself with glory in the newspapers, in attaining from these one million fellow citizens the sum of \$2,865,654, as a Community Chest goal!

* * *

What Will Become of These Liens on Possessions of Indigents and Near-Indigents?—Naturally, with things such as the above happening, protests are being made by former patients. The retiring president of the Los Angeles County Medical Association cited the case of one former patient who was so pestered by the Los Angeles County Bureau of Accounts and representatives, seeking to make her sign over a lien for county hospital hospitalization services rendered, that she consulted an attorney, who told her to sign nothing. Unfortunately, this advice cannot be communicated to the hundreds of other indigents, in real danger of such experiences.

What is to become of all these liens gathered on the basis of Los Angeles County Hospital hospitalization? Will they later be auctioned off to tax sharks, like delinquent tax bills? And if not, why keep them and hold them over the heads of poor citizens, and so cloud title in any property they may be able to free from indebtedness? Protests have already been presented to the Public Health Committee of the Los Angeles Chamber of Commerce, and the rumbling has become sufficiently intense, at the end of six months, that the superintendent of the County Hospital has seen fit to write to the County Auditor on the subject. His letters are presented in the exhibits. They may be read, in connection with others.

* * *

A Thorough Investigation Is Indicated.—Grand Jury investigations on ways and means of conserving county resources, as well as the rights of citizens, are certainly nothing new in Los Angeles, and a thorough investigation is indicated on the basis of the evidence already in hand, and much more of which would probably be easily forthcoming, if sought. Such an investigation by an impartial grand jury committee would bring out the facts, and no doubt lead to a removal of all obnoxious elements involved.

It is our opinion that the members of the Board of Supervisors have only a casual knowledge of what is taking place in these matters here discussed, because that group of five men are responsible for a county with income and expenditures almost as large as those of the U. S. Steel Corporation, and they must necessarily depend upon their subordinates for proper administration. Somewhere, then, in all this, it is possible that there exists a case of "Bureaucracy Going Wild."

Because of the menace to the interests of the indigent sick, to the public, and to the medical profession, the offenses complained of should at once be stopped. And last, but not least, the county hospitals of California should be administered with due regard to the laws of the State, which in all this seem to be flagrantly disregarded. So much, on this vexed subject, for the present.

PLEA FOR THE PRESERVATION AND COMPILATION OF MEDICAL ARCHIVES OF COUNTY MEDICAL SOCIETIES

Lure of Medical History: William Watt Kerr, Joseph P. Widney, Philip Mills Jones.—Were you among those who read Dr. Herbert C. Moffitt's delightful sketch of one of the former guiding spirits in California medicine—the late William Watt Kerr of San Francisco? If not, you do yourself an injustice if you do not take the time and peruse it, and so enjoy the portrayal of the life of a physician whose professional work went far, in his time, in maintaining high standards of practice in our State. In addition, you will find that the article contains other interesting medical information of days gone by, which Doctor Moffitt outlines in charming style. Our medical forbears, even of so recent a period as scarcely half a century ago, loved their profession and guild with an intensity worthy of emulation by present-day disciples. Their controversies and battles, of interest even yet, were not the least of the many absorbing stories that might well find proper place in a chronicle of their periods. Doctor Moffitt's paper appeared on page 27 of the January issue.

On page 4 of the same number reference was made to Dr. Joseph Pomeroy Widney, motivating leader in the group of physicians who, on January 31, 1871, founded the Los Angeles County Medical Association, at a time when that present-day metropolis was little more than a small Mexican town. Today's members of that county society, one of the largest component county societies in the United States, may well be proud of their history, and also of their founder, who celebrated his ninety-sixth birthday on December 26, 1937, and, in spite of the heavy handicap of blindness, continues his work both as a student and scholarly author. It will probably never come to pass again, for anyone to record in the medical annals of California, that it fell to the lot of one of its physicians not only to have witnessed the great changes which have been created in the last seventy-five years in the Golden State, but also, at the same time, to

have been intimately associated with, and to have had far-reaching influence in a host of civic, educational and medical endeavors that came to the front, as one decade succeeded another. Founder Widney's life has been so rich and full of service that every member of the California Medical Association may take pardonable pride in his career.

In the January issue, also, appeared a brief survey of the founder-editor of the OFFICIAL JOURNAL of the California Medical Association—the late Philip Mills Jones.* What a magnificent work he also accomplished, in his comparatively short life! Keep in mind that, in a few brief years, with a state medical journal in its swaddling clothes, and on a precarious financial foundation, his pen gave expression to views on medical journalism and ethics which the medical press of the United States, in decency and self-respect, found it could do nothing else than to adopt, thereby removing from the pages of their magazines a mass of proprietary and other advertising of unscientific products, even though at a loss of thousands of dollars to their incomes. But to Editor Jones, militant and courageous, in the righteous battle, all who transgressed were alike a foe. For that splendid service, both national and state medical societies may well be grateful to California.

* * *

Every County Medical Society Should Appoint a Committee on History, to Take Up This Work.—It is true, that only a few physicians can attain the heights reached by the men above mentioned, but the spirit of pioneers and leaders, such as the late Doctors Kerr and Jones, and our still living Doctor Widney, can be and is made part of the life of every physician who meets his professional and civic responsibilities in manner as earnest and fine as that with which these pioneers took up the consideration of each day's problems. As a matter of fact, there is not a county in this great state in which, if search were properly made, there could not be found the records of medical men who, in like fashion, have gone forth to each day's labors with outlook, both broad and gentle, dedicated to devoted service for their fellow men and patients, and to the communities in which they practiced their profession.

It is to this group of physicians, practically unknown in the sparse medical records of days gone by, as possessed by the California Medical Association, that we would direct the attention of component county societies. Before it is too late, and wherever a component county medical society exists, each such organization should appoint a Committee on History, to gather together the old record books, to secure biographical and other information, not only of former members, but of public health and similar activities in their respective communities. For better preservation, the old record books might well be sent to the central office of the California Medical Association for safe-keeping. Biographical and other sketches

* See pages 1 and 60 of the January issue.